

hospitalization, severity of condition measured using Clinical Global Impression scale and Clinical Dementia Rating Scale, treatment with antidementives by multiple linear regression.

Results: The median (interquartile range) age of 47 participants was 80 (76-83) years, 24 (51%) were women, 24 (51%) had non-specific dementia, 16 (34%) Alzheimer's Disease and 21 (46%) severe dementia. Hospital anxiety and quality of life were significantly, linearly, and inversely correlated both in bivariable, and in multivariable, adjusted analysis ($r = -0.39$; $p = 0.006$; adjusted semi-partial $r = -0.41$; $p = 0.017$). After the adjustment for all covariates, the interaction between hospital anxiety, quality of life and sleep quality was not significant. However, hospital anxiety and quality of life were significantly correlated when PSQI score was ≥ 5.6 , that is in 37% patients with the worst sleep quality.

Conclusions: We partially confirmed the hypothesis that sleep quality modifies the association between hospital anxiety and quality of life in patients with mild to moderate dementia.

Disclosure of Interest: None Declared

EPV1053

The clinical efficacy of orexin antagonists for primary insomnia- A review of the evidence

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doi: 10.1192/j.eurpsy.2023.2346

Introduction: Primary insomnia is frequently present in the general population, with epidemiologic research reporting prevalence values from 10% to as high as 60%. Chronic insomnia is associated with a significant impact on professional, academic, and daily life functionality, and it also may be responsible for decreasing the quality of life. Multiple generations of drugs for insomnia have been launched in clinical use in the last decades, but each class of pharmacological agents has its shortcomings (i.e., low efficacy, risk of addiction, diurnal sedation, risk of falls and fractures, etc.). Initially, research on orexin receptor antagonists has been considered with enthusiasm, due to these agents' low risk of adverse events and good safety profile in the medium and long term.

Objectives: To assess the evidence supporting the efficiency and safety of orexin receptor antagonists in the treatment of insomnia.

Methods: A literature review was performed through the main electronic databases (PubMed, Cochrane, Clarivate/Web Of Science, and EMBASE) using the search paradigm "primary insomnia" AND "orexin receptor modulators". All papers published between January 2000 and September 2022 were included.

Results: Suvorexant is a dual antagonist of orexin 1 and 2 receptors (DORA), FDA-approved for the treatment of insomnia, both for difficulties in falling and staying asleep. Daridorexant is another DORA, approved by FDA and EMA for the same indications as suvorexant, but EMA considers „additional monitoring" necessary for this drug. Lemborexant is a DORA approved for use in US and Japan, while vorexant, which is included in the same class, is under development for the treatment of insomnia and sleep apnea (in phase 2 and 1 clinical trials, respectively). Almorexant is a DORA that was discontinued from clinical research due to hepatic safety concerns. Seltorexant is an orexin 2 receptor antagonist (SORA2) explored in phase II trials for the treatment of insomnia.

Somnolence and fatigue are the most frequently reported adverse events of DORAs, but sleepwalking and sleep driving, sleep paralysis, or hypnopompic and hypnagogic hallucinations have been described in clinical studies. Seltorexant was associated with somnolence, headache, and nausea.

Conclusions: Dual antagonism of orexin 1 and 2 receptors is a mechanism that produced three currently available drugs for insomnia, and other clinical applications of these agents are still under investigation. At least one other agent from this class is under investigation, therefore the potential clinical utility of DORAs is far from being exhausted. Also, the selective orexin 2 receptor antagonism could be a promising mechanism of action for the treatment of insomnia.

Disclosure of Interest: None Declared

EPV1054

Being mindful of our insomnia can get us to sleep? - Mindfulness approach to sleep disorders

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doi: 10.1192/j.eurpsy.2023.2347

Introduction: Sleep disorders (e.g., insomnia) are extremely prevalent in our population and are intimately associated with distress and productivity impairment. It is estimated that between 40 to 60% of people suffering from a sleep disorder have an underlying psychiatric diagnosis.

Mindfulness, which is described as the quality or state of being self-conscious or aware of something, has shown to be a potential helpful therapy in insomnia.

Objectives: Therefore, and due to the lack of new and effective treatment approaches, we did a non-systematic review of the positive impact of mindfulness in quality of sleep.

Methods: Bibliographic research through PubMed, Web of Science and Springer Link.

Results: The mindfulness tools that may be linked to its therapeutic effects include the awareness state and conscious posture to respond when perceiving insomnia symptoms, as well as the modulation of sleep-related arousal courses. These can be primary when directly related to the inability to sleep, or secondary if considering the relationship with thoughts about sleep (such as the tendency to create bias in the attention and perception of sleep related thoughts).

Formerly, mindfulness-based cognitive therapy (MTPC) was designed for the treatment of chronic depression and has shown to be efficacious. It was hypothesized that interoceptive dysfunction in the insula, commonly observed in anxiety and depression, may respond to MTPC by the gained interoceptive awareness, which provides advantage to adapt to life challenges and ongoing adjustments.

Conclusions: Based on the currently available literature, mindfulness-based strategies may be a valuable treatment option in sleep disorders, especially for patients with concomitant mental illness. Therefore, it is necessary further research to standardize in terms of type of approach, duration, and outcome measures since it seems promising as an intervention for insomnia.

Disclosure of Interest: None Declared